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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

IS SCARLATINA CONTAGIOUS?

By T. B. Camden, M. D.,
Of Weston, West Va.

In THE REPORTER of Nov. 12th there is an article on the "Treatment of Scarlet Fever," by Dr. Stiles Kennedy, in which he says "the best medical minds of this country and in Europe do not consider scarlet fever contagious." And "terrible suffering is due to the popular error regarding the contagiousness and fatality of scarlet fever, and the medical profession would do well to disabuse the public mind on these two points."

Now I have great respect for the Doctor's opinion and his articles, as they appear in THE REPORTER generally, but is the position he takes on the contagiousness of this disease correct? and does it accord with the standard authors and teachers of this country and of Europe? We take the liberty of quoting from a few of them:

Prof. DUNGLISON says "contagious diseases are produced either by a virus capable of causing them by inoculation as in small-pox, cow-pox, hydrophobia, syphilis, etc., or by miasmata proceeding from a sick individual, as in plague, typhus gravior, and in measles and in *scarlatina*."

Prof. WATSON says "the contagion of scarlet fever is active but uncertain. It is not so strong nor so uniform in its operation as that of small-pox; but it seems to be peculiarly subtle and tenacious. Fomites infected with the variolous poison soon lose their power to excite disease if they are freely exposed to the air. But the contagion of scarlet fever lurks about an apartment or clings to furniture and clothes for a long time, even after some care has been taken to purify them. Of this I have known several remarkable examples. You will be asked at what period the danger of imparting the disease on the one hand or catching it on the other is over, and I would recommend you to answer that you do not know."

Prof. WOOD says "this is *a contagious* febrile disease."

Dr. CONDIE says "it is evidently capable of being propagated by a *specific contagion* emanating from the bodies of those laboring under the disease."

CAZENAVE says "the period of the greatest activity *of the contagion* is the period of desquamation."

Dr. TANNER, in his late edition (Sixth, London,) says: "This well known disease may be defined as an *infectious* febrile affection, which manifests itself after a period of incubation of from four to six days." "The scarlatinal poison is of a subtle nature, and does not appear to lose its power for some time. It attaches itself to bedding, carpets, cloths, etc., or in other words it may be transmitted by fomites, as is known by many medical men, having carried the disease to their own families." "The poison seems to be destroyed by a temperature of 205° F." "The infecting power is probably greatest at the beginning of desquamation." "In my opinion there is some relation between the severity of the disease in the recipient, and that in the individual yielding the poison. I know of cases somewhat like the following: 'A servant girl at a small school, at Humstead, paid a short visit one evening to a relative suffering from severe scarlet fever; in due time she was attacked with the disease, together with three of the pupils. All four died. One of the boys was removed directly the first symptoms set in, and brought to a healthy locality in London. I

saw him a few hours afterwards and gave a very unfavorable prognosis; which was unfortunately justified, for he sank completely exhausted three days afterward, in spite of the most careful nursing."'

In FLINT'S practice we find the the following strong proof added to the already adduced testimony. He says: "The communicability of scarlet fever is established by irrefragable proof, and exclusion of inoculation. It is probable that its causation *always involves infection.* Of those who are known to be brought into contact with cases of the disease, a much larger proportion contract it than those not exposed."

The following facts, given by RILLIET and BARTHEZ, afford a striking example of this kind of proof of communicability: "Out of 35 children who contracted scarlet fever in the Children's Hospital, at Paris, 34 were in wards into which scarlet fever cases were admitted; 14 were in wards in close communication with the preceding and only five were in wards having but slight communication with those first mentioned."

Equally strong proof is afforded by the *importation of the disease into localities previously free from it.* For the following example I am indebted to a former colleague, the late Prof. B. R. PALMER: "A farmer living several miles from Woodstock, Vermont, on a by-road which was not a thoroughfare, had but a single neighbor. He visited with his family some friends at a town about twelve miles distant. Scarlatina existed in the families with whom he visited. After his return home all his children (the precise number is not noted) had in succession scarlatina. The children of his only neighbor contracted it; five children in those two families died with it. The cases were under the care of a physician living at Woodstock, distant some six or seven miles. Scarlatina did not previously exist in Woodstock. Shortly two children in the physician's family were attacked and one died. A family in Woodstock was related to one of the families in which the disease first appeared, and the husband and wife watched the children of their relative. Shortly after their family was attacked. Communication with this family and the physician's family was suspended throughout the village, and the only additional person affected was a boy who was exposed by going to the physician's house during the time his children were ill." "Finally, it appears to be certain that the disease has been communicated by *inoculating with the serum* contained in the vesicles which sometimes appear in conjunction with the cutaneous efflorescence. That the disease may be communicated by means of families is unquestionable. "*The infectious miasm may be carried by physicians, nurses and others. Facts show that the miasm adheres to material substances and preserves its morbific power for a long period.* Persons have been attacked on returning to houses in which cases had occurred weeks or months afterward. BENJ. W. RICHARDSON gives some striking examples: "A child in a family living in a private boarding house, in this city, had scarlatina; the mother and child of another family, boarders in the same house, were on a visit in the country. They remained away for a month in order that the child might not be exposed. There was but a single case of the disease in the house. At length, deeming it safe, they returned, and in three days afterward the child was attacked with scarlatina."

From the foregoing extracts of authors of undoubted standing and intelligence in the profession, we must conclude that the doctor is laboring under an error in regard to the contagiousness of scarlet fever, an error, too, that may bring terrible suffering upon whole communities, as well as families, if promulgated. Not only do the "best medical minds of this country and of Europe" bear testimony against his theory, but also the laws of contagion throw their weight against him.

As a rule, one attack of contagious disease secures the system against a second. They also generally have certain distinct stages at certain intervals, and during a certain course. They also have a given time at which the contagious principle begins to show its effects—or the time of incubation. These rules are not without exceptions, but in the main hold good. Now let us try the "*exanthemata*" of CULLEN by these rules—in which we have scarlet fever, measles, chicken-pox; small-pox is the exception to the rule. It is rarely the case that we see scarlet fever, measles or chicken-pox the second time. They all run through certain stages and have certain periods of incubation, and are generally protective against a second attack. What this miasm or animal poison is, or how it acts upon the system, whether by cell growth or fermentation I know not, but certainly some great change is effected by it, and is entirely different from the vegetable miasm that causes the chills, time and again, in the same individual, and is not communicable from one sick person to another.

I do not believe for a moment that the doctor, in applying his analogism of chills to scarlet fever, that he believes them to have the same malarial cause, but at best his reasoning is very vague; neither do I doubt his case on the "hills of Christiana," but doubts must be entertained as to its being a case of genuine scarlet fever, for authors say it is hard to discriminate between scarlet fever and roseola. TANNER says, "It frequently resembles scarlet fever." I have frequently seen cases, such as the doctor describes, occurring in different localities in and around our town. One single case in a family the eruption is perfectly scarlatinal in character, and for a time I looked upon them as scarlet fever; but I do not now.

I remember a family of three children and a mother who had well marked diphtheria, the coating, or membrane perfectly diagnostic, such as removes all doubt in such cases. The oldest boy had the scarlet fever rash as perfect as could be; the others had no eruption, and went through the diphtheria without any of the sequlæ that attended the other boy. After he recovered from diphtheria his skin desquamated, and in a few days anasarca came on; the abdomen was immense. One night I was called hastily and found him in convulsions—from all of which I am glad to say he recovered. Now this looks like a well marked case of scarlatina; but I have no idea it was. I have since seen cases of diphtheria with scarlet fever eruption which I have not noticed spoken of in books.

I have nothing to add or to say to the doctor's treatment of scarlet fever. It is certainly up to the times, as he usually is, and I hope he will not view this paper as a criticism, but as a desire to promote the public good on my part; and I have no doubt his paper had the same object in view. But if the authors before quoted are correct, the doctor's position is a dangerous one to communities, hospitals, private practice, etc.

PSOAS ABSCESS WITH RECOVERY.

By S. W. Edwins, M. D.

Of Bainbridge, Ind.

[The patient was a stout man, Mr. R. Limberger, æt. 45 years. Dr. EDWINS saw him after he had been bedfast a number of weeks, and gives the treatment as follows:]

To relieve his suffering I put him on half drachm doses of the hydrate of chloral, repeated every six or eight hours, until he got some rest, which he did on the night of the 24th of April, being the first sleep he had had for two weeks. There being a general state of hyperæsthesia, I put him on the following prescription:

R.	Fowler's solution,	℥ij.
	Fl. ex. belladonna,	℥ij.
	Fl. ex. aconite,	℥j.
	Comp. spts. lavender,	℥iij.
	Cinnamon water,	℥iv. M.

S.—One teaspoonful every four to six hours.

I continued him on this treatment until he became perfectly quiet, with the exception of the local trouble, which I treated with blisters and poultices.

On the 29th of April I detected a slight fluctuation in the inguinal region, and poulticed more vigorously than before, at the same time dropping the sedative, and putting him on quinine and camphor, every three hours, with Huxham's tr. of bark three times a day.

May 2d. I opened the abscess with an abscess lancet, making a free opening, and evacuating about four pints of pus. The amount led me for a while to think that there was probably caries of the vertebræ, but in a few days I was glad to find myself mistaken. This pus was imperfectly formed; some of it greenish, thin and watery; other portions of a rusty, brownish color, mixed with blood, and portions of the cancellated structure of the vertebræ.

It contained flocculi, which in my opinion consisted of portions of the pyogenic membrane enveloping the *sinus* of the abscess along its course through the sheath of the psoas magnus muscle.

May 3d. Found him doing remarkably well; fever, slight; appetite returning. I evacuated about three pints of pus during this day. I now put him on iodoform et. ferri pill, one three times a day, with directions to increase until he took six a day. I also gave him Huxham's tincture of bark and a generous diet of animal food, together with one bottle of ale per day.

May 4th. Mr. L. very much prostrated with night sweats; thinks he had a chill. I continued the above treatment and introduced a slippery elm tent some nine and a half inches up the sinus. I continued this plan of treatment until the amount of pus decreased to about three ounces per day.

I then stopped the iodoform et. ferri pill, when he at once commenced to get worse and the amount of pus to increase. I again put him on the pill, and kept him on it until the 25th day of June. Seeing then that thea mount of pus neither increased or diminished, I re-

sorted to a rather novel, and as far as I know, original method, of drying up the discharge. I took a silver female catheter; running a strip of slippery elm bark through the rings, I introduced it into the wound, the bark holding it from going in to far so as to cause difficulty in removing it. I then inserted a rubber syringe in the catheter, filled with a solution of carbolic acid, and washed the sinus through very near its entire extent.

Immediately after injecting the solution I would withdraw the piston of the syringe, thereby withdrawing all the solution that I had previously introduced.

I continued the use of the catheter and syringe every morning, increasing the strength of the solution of carbolic acid, until the morning of the 4th of July, at which time the discharge had entirely ceased, and I dismissed him from my care.

Hospital Reports.

UNIVERSITY OF MARYLAND.

Ophthalmic Clinic by Prof. J. J. Chisolm, M. D.

(REPORTED BY DR. STEIN.)

Adhesion of Lid.

Case I.—Geo. K., æt. 14 years; general health, good. This is a patient who some of you will, doubtless, remember having seen before. On his first appearance here he had an extensive adhesion of the lower lid to the ball of the left eye, the surface of attachment involving the entire lower half of the cornea. I told you at the time that this fusion of the lid to the eye-ball had been produced by an irritant with caustic properties, which had caused sloughing of the conjunctival surface of both cornea and lid. As such conditions are most commonly caused by caustic, lime or mortar, I inferred that at some period in his previous history lime had been thrown into his eye through accident or by design. This the boy immediately acknowledged to be the case. The violent inflammation which had been induced had caused perforation of the cornea, an escape of aqueous humor, and had brought the lower portion of the iris into contact with the inflamed cornea, to which it had become adherent. In this way the pupil had become obliterated, and only permitted the perception of light through the upper clear half of the cornea and the substance of the diaphanous iris.

Besides the loss of vision in the eye, there was still another complication which gave him much annoyance, namely: loss of mobility in the globe. The firm lid adhesions resisted the action of the eye muscles to such an extent as almost to fix the eye in one position, that of external strabismus.

Some of these difficulties we have sought to relieve by dissecting away the lid from the eye-ball, so as to enable the eye to resume the median position and participate in the general movements belonging to this organ. In this dissection we have tried to leave the opaque cornea as thin, and therefore as translucent, as possible. This necessitated a very nice and careful dissection. Had the knife, by accident, passed through the whole substance of the cornea, opening the anterior chamber, the safest course for the eye would have been to stop further operative procedure, and allow the newly cut lid surface temporarily to resume its abnormal position and become adherent. After an interval of a few weeks, an operation for separating the surfaces could be again attempted. To prevent the growing together of these newly cut surfaces, two methods were open to us: One consisted in keeping them permanently separated from each other by drawing the lid away from the eye-ball; the second and best method is the transplanting of a piece of ocular conjunctiva to cover the exposed surface of the globe. When the eye was liberated from the lid, and took up its median position, it was found that the raw surfaces were no longer juxta-posed; it was thought, therefore, that the separation of the lid would be sufficient. This was ensured by passing a silver wire through the substance of the lower lid and securing the ends under a piece of diachylon plaster upon the cheek, using such traction as would keep the lid away from the ball. This position was to be sustained until the parts cicatrized. A weak carbolic acid solution to the eye and lid was ordered as a dressing, to be continued.

Upon inspection it will now be seen that during the past week the healing has rapidly progressed, and quite a portion of the recently exposed cornea has become glazed with newly formed epithelium. The eye moves about with its natural scope, showing so far no abnormal limitation. The outturned lid is, as you see, somewhat thickened from irritation induced by the operation and the presence of the metalic thread; but as the patient complains of no great pain, and as there is but little injection of the eye, the course of treatment which was first suggested will be continued. The corneal opacity, which will necessarily remain as as a permanent condition in connection with the iritic adhesions already referred to, will prevent useful vision, unless some further procedure be resorted to; and this we propose to institute at a future day, by making an artificial pupil in the iris, which corresponds to the transparent half of the cornea. Having every reason to belive that the retina is entirely unaffected, and that there exists no intra-ocular trouble,

we expect finally to restore useful vision to this eye, which has been blind to him for so many months.

Phlyctenular Ophthalmia.

CASE II.—Mary H., æt. 10 years. This patient was exhibited to you three weeks since, the subject of phlyctenular ophthalmia. A central spot upon the left cornea had suppurated. The confined matter had bursted through the corneal surface, giving rise to a small, perforating ulcer of the cornea, with abrupt, clearly defined edges, having a dark base, which at the first glance was mistaken for a corneal fistula. A closer inspection showed the anterior chamber to be of the usual dimensions and full of aqueous secretion. Its evacuation had been prevented by the inner elastic lamina of the cornea, the lining membrane of Deso ret, which, having escaped the ulcerative process, had been pushed forward by the aqueous fluid in the direction of least resistance, and formed a hernia through the corneal perforation. There was the usual amount of injection, pain, photophobia and lachrymation, which always accompany cases of strumuous ophthalmia.

The old method of treating cases of recent corneal ulcer or phlyctenular ophthalmia, was by touching these points with nitrate of silver, and using irritating astringents, a very painful treatment, which often excited destructive inflammation in the eye. Just the opposite course is the one now so successfully pursued by ophthalmic surgeons, viz.: soothing applications to the eye, accompanied by the internal administration of tonics, such as cod liver oil, iron, with nourishing diet. Instead of shutting up the sufferer in a dark room, which was the constant habit in former times, the patient is now well clothed, the eye protected under a colored screen glass, and he is sent out to take exercise in the fresh air. The great soothing agent and most useful local application in these cases of acute corneal trouble, is atropine. A drop from a solution of sulphate of atropine, in distilled water, 2 to 4 grs. of the alkaloid to the ℥j. is put in the eye three or four times a day, and relief from suffering is very soon obtained. The benefits to be derived from this local application are very varied. The distressing photophobia is relieved almost from the first instillation. As the pupil expands, the iris is drawn to the outer periphery of the anterior chamber, out of the way of being thrust against the corneal ulcer, to become adherent to this inflamed surface. The internal tension of the anterior chamber is diminished, removing the strain upon the protruding elastic lamina and its tendency to rupture. By preventing iritic adhesions to the cornea, two things are avoided—one being diminution or distortion of the pupil, or perhaps both; the other being a constant and irregular traction of the muscles of the iris from the adherent point in the effort to accommodate for different degrees of light. In the case before you, the soothing and tonic course has been entirely successful. In three weeks the ulcer has healed, leaving only a small opacity, which will diminish greatly in time, and will not form a serious obstacle to vision. The redness has altogether disappeared, and with it all the annoying symptoms The atropine drop having fulfilled its mission, can now be discontinued, but the cod liver oil and iron tonic must be taken until the general health be completely reëstablished.

Injury to Eye.

CASE III.—William B., a lad of 16 years, was handling a bottle of tonic beer, when the cork flew out and struck him in the left eye, at once obliterating vision. Upon external examination you will find no sign of any lesion by which the affected eye can be distinguished from the perfect one. In each eye the sclerotic is free from injection, the cornea clear, iris bright, pupil black, with active movements, showing no opacity in the lens, and the question comes up, why does he not see? Before the discovery of the ophthalmoscope the answer to that question would necessarily have been left to conjecture. Now, through the use of that valuable instrument, we are put in possession of positive data, with an easy and perfect solution of the difficulty. Ophthalmoscopic examination in this case showed the retinal surface obscured by hemorrhagic effusions. It is now seven weeks since the injury, the last two of which have been passed under treatment, and we already find some improvement in the perception of light. He has been taking small doses, 1-16 of a grain of bin-iodide of mercury, with iodide potash grs. iv. three times a day, to hasten absorption, and this treatment we will for the present continue until the vitreous chamber regains its transparency.

Double Iritis.

CASE IV.—Mary D., a mulatto woman, æt. 40; was brought to your notice two weeks since, complaining of very severe pain in the right eye, the left feeling also uneasy. Upon examination we found evidences of a double iritis, with extensive adhesions of the pupilary margin to the lens capsule, which gave an exceedingly irregular outline to the pupil under the influence of atropine. We also noticed, if you remember, a small, whitish, round mass projecting from the pupilary border of the iris into the anterior chamber. This little tumor or excrescence, an outgrowth of the iritic substance, was of very recent formation. It was a so-called gummy tumor, of syphilitic origin, and often met with in specific cases of iritis. At times several of these small, yellowish lumps may be discovered beading the pupilary border or springing from the very face of the iris. Not long since you had an

opportunity of seeing a very aggravated case of a similar nature in a sailor. In that patient, who was attacked at sea with double syphilitic iritis, and remained three weeks without treatment prior to getting into port, the gummy mass or masses of iritic origin had so filled the anterior chamber of the right eye as to give the appearances of a complete hypopyon. The entire cornea, although polished on its outer surface, was pus-colored; and to those not thoroughly familiar with eye diseases, the eye would have been at once condemned as one of general suppuration of the ball, and therefore beyond all recovery. Upon close inspection at the time, you noticed a peculiar mottled appearance of the yellow filling of the anterior chamber, and also the presence of a blood-vessel, dimly seen at one portion of the surface (intra corneal) which a strong magnifying glass defined. A few days after this diagnosis had been made, two similar masses were noticed pushing out from the left iritic surface, and growing so rapidly that in forty-eight hours one of them had attained, apparently, a diameter of a line and a half. The appearance of these yellow masses substantiated the diagnosis. Under a liberal course of bin-iodide of mercury, with iodide potassium and also of iron tonics, all of these growths shrunk away, leaving a clear cornea, but extremely irregular and nearly closed pupil in the left eye, a partially opaque cornea and obliterated pupil in the right. This case is now waiting to be chloroformed for an iridectomy.

You will recall the treatment which was instituted in the case of this woman two weeks since. An artificial leech was applied to the right temple, and in your presence three cylinders of blood rapidly drawn from it. This at once relieved all pain. I can commend this local blood-letting as one of the most valuable means at our disposal for promptly removing the pain accompanying any inflammatory condition of the eye. Besides the leeching, bi-chloride of mercury, in 1-16 gr. doses, three times a day, after meals, was administered. Under this course you find the patient free of all pain and congestion. The small syphilitic growth upon the iris has entirely disappeared. Were it not for the irregular pupils and iritic adhesions the case would be considered cured. The binding of the iris to the capsule of the lens will unfortunately keep the eye in an irritable state, and will be a constant predisposing cause to a removal of the iritis. To remove this source of irritation, an operation will be necessary, having for its object either the breaking up of these adhesions, or the removal of a segment of the iris, so as in a measure to paralyze its muscular action and prevent the constant pulling against the adherent points in the perpetual changing of the pupil whilst accommodating the eye to light.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

December 2, 1870.

DISEASES OF WOMEN.

Clinic of Prof. T. G. Thomas.

Dysmenorrhœa Obstructive—New Operation.

Mrs. A., æt. 23; married four years; sterile. Has been troubled with dysmenorrhœa ever since she began to menstruate. Vaginal examination shows the uterus normal in size and position. The os uteri external is so constructed that a fine probe will barely pass through it.

When an ordinary sound is held against it, the tissues yield, and then the instrument passes up to the fundus without obstruction. The main reason in bringing the present case before the class, Dr. Thomas said, was to show an operation intended to take the place of a complete section of the cervix in the present class of cases. The former operation was not without danger. Dr. T. called to mind a case in which he operated for dysmenorrhœa by the ordinary method, and in which the dysmenorrhœa was cured, but there supervened pelvic cellulitis. The present operation consists merely in paring off a small section of cervical tissue around the os externum, and from which no danger, in all probability, will ensue.

Operation.—The patient was placed in Simm's position; the speculum introduced. The cervix was then held down by a tenaculum and a sharp-pointed bistoury carried around the os in such a manner as to remove a ring of tissue. After the operation a large sound was carried to the fundus without the least obstruction.

Dr. Thomas said that he considered the operation such a simple matter that he would not hesitate to allow the patient to walk home.

The present case will be reported from at the end of a month.

Uterine Fibroids.

Anna I., æt. 44; single; few years ago noticed that her abdomen began to swell, though it has given rise to no unpleasant symptoms. Three years ago she stopped menstruating, but up to that time was regular. Dr. Thomas said that he discovered many tumors in the abdomen, but three were of especial prominence; they were hard and entirely disconnected with each other. A vaginal examination showed the uterus to be replaced by one of them.

They are, unquestionably, ovarian or uterine. Ovarian tumors are seldom, if ever solid; but when they do occur, there cannot be more than two; one for each ovary. Uterine tumors on the other hand are always fibroids and frequently numerous.

Operators have removed the entire uterus under the supposition that it was an ovarian tumor. A gynæcologist, of deservedly high reputation, did this some time ago, and the patient recovered. The condition was detected by following up the course of the Fallopian tubes, and they were found to enter the uterus in the middle of the tumor. I have seen myself, at the pathological society here, a similar specimen. I myself showed, at the same society, a case in which there were thirty-five distinct uterine tumors. I may state that I refer to the sub-serous and not the interstitial or sub-mucous.

Sub-serous tumors give rise to no dangerous symptoms and are not removable. Sub-mucous and interstitial cause dangerous hemorrhages, but may be benefited by operation.

In the patient before us, I should not order any medication or treatment whatever, as I am convinced we have a sub-serous uterine humor to deal with. Remedies would merely give rise to dyspepsia, and without any benefit. Blisters by some are thought to be efficacious, but I have no confidence in them.

Uterine Tumor—Suspected Pregnancy.

Mary V., æt. 21; married four years; sterile ever since she began to menstruate; has suffered greatly with pain during the catamenial period, and although she suffers so much, her flow lasts but for a day. Does not think she loses more than a tablespoonful of blood.

Physical examination shows the cervix to be enlarged and softened. The body is anteverted and apparently filled with blood. It is exactly like a pregnant uterus. The patient, however, does not give a single rational sign. The areola are slightly darkened, but not more so than would occur with an uterus enlarged from any cause; yet from the force of the physical signs the suspicion of pregnancy is very strong. Subinvolution would give rise to corresponding symptoms, but the patient has never borne a child.

Extra Uterine pregnancy is excluded from the fact that it is the uterus that is involved.

Hydatids.—If hydatid degeneration, we would have history of early pregnancy.

Ovarian Tumors are unconnected with the uterus.

Uterine Fibroids are irregular and solid.

Sub Mucous would give copious hemorrhages.

Menstrual Blood.—The last supposition is that the menstrual blood has accumulated in a manner similar to the case that was operated on here sometime ago. So far, the diagnosis of the case has not been made. The social condition of the patient will be considered by one of the gentlemen connected with the clinique, and possibly it may be that the patient is trying to deceive us. By next Friday we will have the urine examined for kiestine and the case reported from.

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

(Reported by J. W. P. Bates, M. D.)

Abortion.

Dr. Morris.—Abortion can take place any time from the first to the fourth, fifth or sixth month; after the latter period it is called a premature labor. In looking at this subject, we are struck by the fact that abortion (not criminal) is much more frequent in this country than in Europe. The proportion of abortions to labors is about 1 in 78 in Europe, while here it is about 1 in 30. In my own practice out of 1,700 cases of delivery, I have met 200 cases of abortion. The time at which abortion is most likely to happen is the third month. It may occur at the first or second month; and these cases are probably more frequent than we imagine, as we may mistake them for natural menstruation, unless we are very careful in our examinations. Abortions at the second month are very easy and pretty cases, and may occur without hemorrhage.

The earliest case on record, at which abortion took place, is fourteen days. A record was kept so that the time could be fixed exactly. But by far the most common period for abortion to take place is the third month, and these cases are frequently very troublesome on account of hemorrhage, &c. I have seen cases in which I could find no trace of an ovum. The hemorrhage would continue for weeks, then a clot would pass, but no sign of an ovum could be detected. What becomes of the placenta and foetus in these cases? I believe that they are completely and fatally dissolved, and are thus carried off; and I also think that these cases occur frequently.

The causes of abortion may depend upon the mother or the ovum. A large number are undoubtedly produced by mechanical means and are not mentioned in the books. The maternal causes are numerous. One of the most universally present causes is the laxity of all the tissues, uterus as well as other organs, produced by the habits of civilized life and the want of proper regimen. The womb becomes unable to retain its contents, which are lost, and a profuse hemorrhage results. Syphilis is another very frequent cause. I know that a number of my cases were produced by syphilitic impregnation; and even if miscarriage does not occur the child is frequently dead at birth. Mental emotion as joy, anger or fear; accidents, as falls, blows, or even slipping on the steps, are all producing causes of abortion. All women are not, however, equally susceptible, for I remember a case in which a women jumped from the third story window of a burning house, thereby fracturing her thigh, yet she

was delivered at full term. Disease of the cervix is a common cause. We hear much about the abuse of the speculum, but in my opinion it is not used often enough. Whenever abortion is threatened it is our duty to examine the cervix, and we will frequently find it inflamed or fissured. I know of two cases in which the proper use of the speculum might have prevented an abortion, by revealing the cause and indicating the mode of prevention.

Flexion, malignant disease of the womb and severe attacks of fever, especially in predisposed subjects, produce abortion, although there are cases recorded of children being carried the full time.

Another frequent cause we may call habit. A woman soon gets into the habit of aborting at a particular period of gestation, and it is very difficult to arrest this predisposition. If there is no disease of the cervix, we must try to ride over the period by absolute quiet or whatever means seems most likely to accomplish the purpose. In some cases a properly adjusted supporter may do good. The exciting cause is no doubt uterine hemorrhage. The blood gets between the uterus and the decidua or placenta, or in the cavity of the uterus, and by the stimulus of distension brings on labor. The symptoms are well-known and need not be enumerated. In the treatment it is a nice question to decide whether you can arrest the loss of the fœtus. To arrest the hemorrhage nothing acts so well as the tampon. Two cases were saved by the injection of turpentine. Although we all use our old friend opium—it is not a remedy for these cases. I have no confidence in acids. Cold, the application of the tampon, and quiet are all you can do. One of the most troublesome complications in these cases is retention of the placenta after delivery of the fœtus. You cannot remove it by the finger, and forceps are useless. They need not produce alarm; for if injections of warm water and carbolic acid are used, the placenta will be thrown out in the course of three or four days, and all will go on well.

Dr. Arnold.—I used to be troubled a great deal by these cases. I think much mischief is produced by too active interference. I have removed the ovum in some cases, by hooking it out by the finger; but, if I cannot do so, I let it alone. I am not alarmed by the hemorrhage, for a great loss of blood can be borne without very injurious consequences. The ovum may be retained for sometime, even until decomposition takes place, when the fetor indicates its presence. I have seen cases in which hard, small substances are discharged from the womb, and find, upon inquiry, that months before the woman has aborted. The cases which cause the most trouble are those of criminal abortion, and it is to this class that the fatal cases are principally confined. Death may be produced by metritis or by septicæmia. In the treatment, I remove clots, secudines, etc., if they can be removed easily; if not, I let them alone. In threatened abortion, where there is no hope of checking it, I have made use of sea-tangle tents to dilate the os and hasten labor, and in many instances I have been very well satisfied with the result.

Dr. Erich.—One remedy has not been mentioned, viz.: ergot. I am convinced that ergot does arrest the hemorrhage in these cases almost as well as in labor at full term. I use full doses (℥j. fd. ext.). I do not use the tampon. Opium is not a remedy calculated to arrest abortion, but by relaxing the rigid os, it rather hastens than checks the loss of the ovum.

Dr. Williams.—We all agree that syphilis is one of the most frequent causes of abortion, and all those cases for which we can find no explanation are credited to syphilis or disease of womb. After the death of the fœtus, it becomes a foreign body and will be cast off. In regard to the use of ergot—if there is relaxed muscular fibre it is a valuable remedy and prevents the abortion by preventing the hemorrhage. There are two sets of nerves distributed to the uterus: the vaso-motor, to the fundus, which are influenced by ergot, and the spinal to the neck and os, which are not so influenced. If the hemorrhage is behind the membranes or placenta, ergot will arrest it by contracting the blood vessels, provided the os be not dilated. If it be dilated, the contractions will produce expulsion. It depends much upon circumstances whether opium be a remedy or not. If it is produced by mental causes it becomes a very valuable remedy. Spontaneous abortion never proves fatal. In cases of profuse hemorrhage I use ergot, as well as in cases of retained placenta. In these latter the ergot produces the contraction of the longitudinal fibres, and protects the patient by preventing absorption of the decomposed contents.

Dr. Fay.—The idea of Dr. Williams in regard to the treatment of threatened abortion is a very valuable one. We see women about time after time in whom we can find no disease of the womb, no syphilitic poisoning, nor is there any history of accident. Then is the time that the skill of the physician comes into play, and then we want to know the causes of abortion so that we may be able to prevent this continued loss. One thing is certain, there is a very intimate sympathy between the uterus and the kidney, for this excessive secretion of urine is sometimes seen for days before the abortion takes place. I have arrested this secretion and the threatened abortion, in one or two instances, by cubebs.

Dr. Warren.—My experience differs entirely from that of any gentleman who has spoken to

night. I have always looked upon abortion as a very serious thing, and have seen patients succumb to the hemorrhage. One of the most important causes has been omitted, viz.: disease of the placenta resulting in degeneration. In this condition chlor. potass. has acquired a reputation. Threatened abortion is very difficult to prevent, and as a rule, I have discarded the use of opium except when produced by reflex action or mental excitement. Ergot checks the hemorrhage. I think it has no effect on the womb prior to the fifth month of gestation. I think most obstetricians will agree that the surest way to produce relaxation of the circular fibres is by the pressure of the child's head upon them. At term ergot keeps up this pressure by contracting the longitudinal fibres; but if it acted on these fibres at all periods of uterine gestation, it would hasten instead of checking abortion. I believe ergot is a direct hæmostatic, and is as useful in hemorrhage from the lungs and bowels as from the uterus. It acts not by contracting the muscles, thus closing the orifices of the bleeding vessels, but contracts the blood-vessels themselves by its action on the vaso-motor nerves. This explains its action in menorrhagia.

The principal danger in abortion is from hemorrhage; ergot checks this hemorrhage and thus saves the fœtus. I use it upon this theory to act on the arteries. I have used tr. gelseminum and succeeded with it when all other remedies have failed. As for the dose, I give gtt. v. every half hour; if you use, gtt. x. or more you stimulate the muscles and hasten the abortion. Opium, on account of relaxing the neck of uterus, should be discarded from the list of preventive remedies. Abortion, however produced, is a serious thing. I have seen deaths from spontaneous abortion. When we cannot prevent it we should hasten it by all means in our power, as opium, tr. gelseminum, etc. If the placenta is not detached there is not much danger; but if it is, it blocks the os, hemorrhage persists, and septicæmia may follow from decomposition of the retained products.

Dr. Williams.—Dr. Warren denies the action of ergot on the womb prior to the fifth month. We all know that if ergot acts at all, it acts through the vaso-motor nerves, and they are as much present at the third month as at the sixth. It controls hemorrhage by producing contraction of the muscular coats of the blood-vessels, and by contracting the muscles of the organ, enables the contraction of the vessels to be maintained.

Dr. Warren.—If Dr. Williams' theory be correct, it would act on all the organs alike, wherever those nerves are distributed. It is capable of producing results in the uterus, which it will produce in no other. The muscular tissue of the womb develops and grows and has a new and acquired character from this growth.

Dr. Hartman.—I can corroborate the statement of Dr. Williams in regard to the action of ergot in preventing abortion. I have used it for several years, but am afraid to use it in large doses for fear of exciting the action of the longitudinal fibres. I use gtt. viii–x. every one or two hours. I have never seen a death from abortion, and but one from *post partum* hemorrhage, and that was caused by the tampon.

Editorial Department.

Periscope.

Things Better Managed in France.

If it be lawful still to remind people that there are things better managed in France than in other countries, we would like to refer to the statistics of railways for 1869, which are very satisfactory as regards accidents. Only two passengers and four servants were killed, and only 112 passengers and 61 servants received injuries, out of the 90,000,000 who traveled; that is to say, one passenger for every 45,000,000 was killed, and one out of every 800,000 injured. Such a result has, it is believed, been obtained chiefly by the adoption in working of the system of "centre-vapeur" applied to the locomotives, by which the speed, in descending inclines, can effectually be moderated. Cannot our own engineers and traffic managers take a hint?

Iron and Hydrogen.

Dr. Klien, in the *London Chemical News*, gives the following: The author, a pupil and collaborator of Prof. Jacobi, of St. Petersburg, states, that the iron obtained by electrolysis is not, as has been often thought, the pure metal, but, on the contrary, a compound or mixture of iron and hydrogen, which, when heated to redness, gives off an enormous amount of that gas, and becomes, while greatly increasing in bulk, a silver white, very soft ductile, and malleable metal, which decomposes water readily below its boiling point, and oxidises most rapidly.

Inefficacy of Young Cantharides.

According to J. Nertwich, the young immature cantharis insect does not possess the blistering property; it is only the adult flies, capable of the act of reproduction, which contain cantharidin.—*Zeit. fur Chem. and Rép. de Pharm.*

Reviews and Book Notices.

NOTES ON BOOKS.

Galvano-Therapeutics; the Physiological and Therapeutical Action of the Galvanic Current upon the Acoustic, Optic, Sympathetic and Pneumogastric Nerves. By Wm. B. Neftel, M. D., New York: D. Appleton & Co. 1871, pp. 161.

This is a small duodecimo by a gentleman who has had remarkable opportunities for studying the nervous system, and who has evidently availed himself of them.

He is a Russian, we judge, by birth, and received the prize of the Imperial Medico-Chirurgical Academy of St. Petersburg, for his essay upon "Diagnosis of diseases of the Nervous Centres," in 1852.

Since then he has visited Germany, France and England, devoting his time to the study of his favorite branch (nervous diseases); and he is preparing for publication the result of his studies in two volumes. The present article is a part of the second volume, and appears now in print at the request of several aural surgeons and others interested in physiology.

The subject of the first chapter is "Electro-Otiatrics;" or, Galvanism applied to the ear in health and in disease; the best method of application and form of apparatus.

He prefers and is in the habit of using "Remak," with elements of Siemens, first constructed by Siemens and Halske, and improved by Krüzer and Hirshman, of Berlin, and it enables the operator to introduce into the circuit any number of elements.

"At the present time it is universally admitted by the highest medical authorities that the scientific use of the galvanic current is the most efficient and rational treatment of diseases of the nervous system, and that some morbid condition can be treated successfully only by this means.

"The apparatus for the galvanic current, which I am in the habit of using, and is generally used by the best electro-therapeutists of Europe, is the one introduced by "Remak," with elements of Siemens. But, whatever battery may be used for the generation of the galvanic current, several conducting apparatuses are indispensable for scientific and medical purposes.

"All the changes in the density of the current (with few exceptions), the closing, breaking, and reversing of the current, are to be accomplished within the metallic part of the circuit; for only in this way are we enabled to observe the most interesting and important phenomena which accompany the galvano-therapeutic experiment, and in this way alone can we arrive at a correct diagnosis and prognosis, and accomplish a successful treatment. It is scarcely necessary to mention that the conducting wires, besides being well isolated, must be wound round and soldered to the metallic pieces, connecting them with the electrodes and apparatus, lest they get loosened and broken off. Trifling as this may seem, it is not so for the patient, whose head, or acoustic or optic organ is intercalated, within the circuit, and who receives a terrific and dangerous shock, or an uncalled for intense reaction of the acoustic or optic nerve, merely through the neglect of this slight precaution. The hollow metallic cylinders with sponges, formerly used as electrodes, must be entirely banished from the electro-therapeutic practice. It is further indispensable to possess a current-selector, a contrivance that will enable us, while the current is flowing uninterruptedly, to increase or diminish its intensity, by introducing or removing any number of elements.

"For controlling with a mathematical precison the current-density within very small graduations, a special apparatus is indispensable, without which it is often perfectly impossible to make a correct diagnosis. Many obstinate neuralgias or diseased conditions of the higher senses can only be successfully treated when we possess the means of graduating the current-density in so imperceptible a way as to avoid altogether the morbidly increased reactivity of the affected nerves. Such a graduation can be accomplished by adding an accessory circuit to the one in which the body is intercalated. If we introduce a varying amount of resistance into the accessory circuit, the density of the current glowing through the main circuit changes accordingly; the more resistance the current meets in the accessory circuit the greater will be the density of the current traversing the body, and *vice versa*. Liemens' throstat, by means of which twenty-one hundred units* of resistance can be introduced into the accessory circuit, answers the purpose very well. This renders it easy to increase or diminish the current-density with great precision and rapidity, as well as to graduate imperceptibly the intensity of any number of elements in to twenty-one hundred degrees.

"Indeed the advantages of this method of applying the galvanic current are invaluable, and it admits of the painless administration of great current-intensities, which are often absolutely requisite to call forth the reaction of a nerve."

In this chapter he has a "Pathological Part," in which he introduces several cases, showing the method and favorable results of the treatment in diseased conditions of the ear, etc.

Chapter second is devoted to the Galvanic Reaction of the Optic Nerve. Third, upon the Sympathetic. Fourth and last chapter, the same action on the Pneumo-gastric Nerve.

The labors and works of "Remak," "Brenner," "Erb," "Hagen," and others he has fully availed himself of, but he follows the formula of Brenner, and adopts and gives his views of the subject, and it will be found a great relief to the practicing physician to have the ideas condensed for him from the two elaborate volumes of Brenner, recently published in the German. L. T.

*Siemens' unit of resistance is a prism of chemically pure mercury, one metre long, and one m. m. square, transverse section at the temperature of 0° C.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, DECEMBER 31, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

TO OLD SUBSCRIBERS

Who forward their subscription to Jan. 1st, 1872, *strictly in advance*, we will send one number of the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE, or a full-length steel engraved portrait of Professor S. D. GROSS (in 4to. for framing).

Those who have already paid for 1871 *will please notify us of their wishes.* (In connection with this offer notice **No. 2**, on the second page of cover.)

GREETING!

The subscriptions of a large proportion of our subscribers are due from the first of January next. If they are all *promptly paid* it will be *greatly* to the advantage of all interested in sustaining a good medical journal, as it will give us the means for continued improvement.

See the notice to subscribers on second page of cover.

MEDICAL ORGANIZATION.

There is an ancient fable, familiar to all, of a man who called his sons before him and gave them a well-tied bundle of sticks to break; they all tried in turn, and failed in turn. He then took the bundle apart, and gave them the sticks separately, when they broke them with ease.

This homely story illustrates a truth quite as familiar, that by combined effort a stability is attained which no individual alone can compass. Around us on all sides we see unions, and societies, and brotherhoods, and guilds, and conclaves, all of which have but the object to combine effort, to attain by the power of many what one alone can never attain.

Of the many trades and avocations in which this principle is observed, probably none wants an appreciation of its benefit so much as our own profession.

We have a central organization with a yearly meeting; we have the details and plans for branches, and subsidiary societies, extending into every State, suited to every community, adapted to include every member of the profession. Why is it that so many stand aloof? Why is it that of the 74,000 physicians in the United States, less than a thousand belong to the American Medical Association? Why is it that less than seven thousand, as we estimate, are members of any medical society organized in conformity therewith? If there is benefit in union, why is it not appreciated by physicians? Or is it that disadvantageous terms are offered by these societies?

Let us examine these questions: In the first place there are a large number of physicians who practice on some exclusive dogma who cannot, of course, be admitted under the present rule. We individually doubt the propriety of any rules which exclude honorable and educated gentlemen, but at present we do not propose to discuss this point. Then there is a large army of medical Bedouins whose hands are against every man, and who, out of their own policy, refuse to be bound by restrictions even honorable. But beyond these two classes there is a large number of regular physicians, in good standing, who avoid connecting themselves with societies.

They give as reasons that the Code of Ethics contain some unnecessary and onerous restrictions on personal liberty; that the American Medical Association is too much controlled by a few self-glorifying men; that it manifests a tendency to political partisanship and bigoted views; that it is and has been an engine in the hands of place-seekers. Allowing that there is a certain amount of truth in some or all of these statements, yet it must appear to all that the right way to purge such offensive material is resolutely to set to work, to unite together against those who strive to use for themselves what should be for the public good. Hence, while very clearly seeing the shortcomings of State and national organizations, we urge physicians to unite in local and general societies, always to spare

the two or three half days a year their sessions require, and to present to the public and to unscrupulous members a common front.

Especially is this required in the Southern States. Whatever aggrieved feeling practitioners in that section of our country may have cherished in past years, certainly at present there is no cause for it. The American Medical Association has acquitted itself of the charge of assisting to withhold medical supplies during the war, and is ready and desirous to extend its ramifications to every county in the South.

At the recent meeting of the Medical Society of the State of Virginia, held at Richmond, a resolution was presented by Drs. HORNER and BROWN, whose spirit we earnestly commend. It closes with the following excellent advice:

"We would therefore earnestly solicit the coöperation of every intelligent physician to carry out the closing part of the resolution, viz.: that the physicians in every town and county of Virginia shall at once organize county medical societies, and shall require of every member a strict observance of the 'Code of Ethics' as adopted by the American Medical Association; that each local society shall adopt rates of charges suited to their particular locality, and shall require every physician with whom they may consult to subscribe to the same compact.

"The undersigned believe that so soon as the above suggestions are brought before the medical gentlemen of the State they will unite heart and hand in promoting the best and highest interests of our noble profession."

Let this suggestion be extensively adopted, and all the benefit will accrue to our profession which is found to result from coöperation in other avocations. Singly we may be conquered, but united we can never be overcome.

Notes and Comments.

The Case of Double Amputation.

In reference to the case of double amputation, at Mauch Chunk City, reported in this journal by Dr. Iris Davies, current vol., p. 352, and referred to in an editorial note on p. 481. We have received a number of affidavits and certificates from various parties and make from them the following deductions, which we believe to be the truth about the matter: The operation was performed by Dr. G. H. B. Swayze, Dr. Davies assisting him. D. S. attended the patient as his own till the seventh day, meeting Dr. Davies during that time once, at the request of the family. He was then asked for his bill, and relinquished the case to Dr. Davies, who continued the after treatment until the recovery of the patient.

We wish to do entire justice to both parties, and in the above statement have given the exact truth so far as we have been able to ascertain it.

The Medical College of Alabama.

This institution, situated at Mobile, has issued a circular proposing free instruction to students. This very injurious step has been properly reprehended by the Hall Medical and Surgical Society, of Montgomery, in the following resolution, which has been sent to all the medical societies in the State:

"*Resolved*, That we protest against the system of gratuitous instruction adopted by the Faculty of the Medical College of Alabama, located at Mobile, and most sincerely hope, whatever success, in point of patronage, may attend their new plan, to see them return to their former charges."

Dr. E. G. Janeway

Retires from the position of Chief of Staff, Charity Hospital, B. I., New York. Dr. H. BURLINGHAM, formerly of the Navy, taking his place.

Correspondence.

DOMESTIC.

Poisoning by Oil of Tansy.

EDS. MED. AND SURG. REPORTER:

On the 28th ult., at seven o'clock in the evening, I was summoned in haste to see a lady who the messenger said had fallen and hurt herself.

I answered the call promptly, and gleaned the following brief history of the case:

Mrs. B., æt. 28 years, mother of three healthy children, the youngest ten months old and nursing, felt for several days symptoms of the returning catamenia. So she concluded to give tardy nature a gentle reminder by assisting her start the secretion. Accordingly, about 3 o'clock, P. M., she poured into a large spoon about fifteen or twenty drops of the oil of tansy, and swallowed the dose. She had upon previous occasions taken as many as five drops without any inconvenience, and her system had grown somewhat tolerant of the drug, as she felt no effect of this heroic dose for nearly three hours. About six o'clock she began to feel quite dizzy, and a sense of cold numbness crept over her limbs. She became alarmed, and told her husband what she had taken. The numbness increased till it amounted almost to paralysis. She worked her way to the door, where

she uttered a shriek and fell senseless to the ground. Here she was seized with convulsions, after which she vomited freely, then was carried in a state of catalepsy to bed. She continued in a comatose condition over an hour, when she vomited again and recovered consciousness. She now complained of a sense of nervousness, a burning in her stomach, and an agonizing pain in her head.

I gave a few grains of the bromide of potassium in solution, with a view to quiet her nervous system, and possibly to diminish the pain in her head. In less than one minute it produced copious emesis, accompanied by a powerful odor of tansy. She now breathed freely and naturally. Pulse, 90 per minute; pupil slightly dilated; skin moist and comfortably warm. The sense of burning in the stomach and œsophagus had increased; nervousness and pain in the head about the same. I next gave freely of warm flax seed tea, which at first produced slight emesis, but was finally retained. She improved slowly as she continued the tea. I left her about eleven o'clock, after enjoining upon her the propriety of not allowing the child to nurse for at least twenty-four hours after taking the poison.

I saw her at ten o'clock next day, much improved; pulse, 78 per minute; pupils, normal; breathing freely; some desire for food; but still a slight sense of burning in the stomach and a dull headache, not quite free from dizziness when sitting up in bed. Though the child had not nursed, the breasts showed that the poisonhad materially arrested the secretion of milk.

It is a well-known fact that one drachm of the oil of tansy has produced death in a young lady in the space of one hour and a quarter. That this heroic dose did not prove fatal may be owing to the fact that Mrs. B—— is a vigorous, healthy woman, for much of the drug must have been absorbed before she vomited at all, and partly, too, to the tolerance for the drug brought about by the use of repeated and increasing doses. A. D. Binkerd, M. D.

Parker's Landing, Pa., Dec. 8th, 1870.

Obstruction of the Intestines.

Eds. Med. and Surg. Reporter:

Not many months since, my mind was favorably impressed with an idea advanced by a physician, whose name I have forgotten, relative to the employment of Seidlitz powders as an enema, in *invagination* and *intussusception* of the intestines. The doctor recommended that the powders should be dissolved in warm water, and then injected per rectum, first the blue powder, then immediately the acid. He claimed that the sudden effervescing within the gut so distended the same that a normal condition of things were brought about.

A few days before I read said article, a young man in this city—under the treatment of a neighboring physician—died from intestinal obstruction. The most radical means were resorted to that the bowels might be made to evacuate, but to no purpose. I made up my mind, if ever I had a patient so afflicted, I would give the Seidlitz powders a trial.

On November 19th, 1870, that period arrived. I was hastily summoned to see Mrs. A——, colored, a laundress, æt. 38; weighing about 300 lbs; complained of severe and shooting intestinal pains.

[After the details of some preliminary treatment, which we omit, our correspondent continues:]

I repeated the cathartic, and ordered an enema of warm salt-water. The injection brought no evacuation, and the physic only increased the rumbling in the upper part of the bowels. I gave it as my opinion that an obstruction existed in the small intestines, and that I thought very soon stercoraceous matter would be emitted from the stomach. Next day my prediction proved true, for the women of the house declared, "Dat what de nigger vomited smelt juss like what orter gone de odder wa."

I had now concluded to do one of two things, and may be both; for, if I failed in the first, I intended to resort to the more hazardous measure, viz.: opening the abdomen, and thus removing the obstruction. I designed primarily to use an enema of Seidlitz powders. I ordered the nurse to dissolve two powders in separate dishes of one-half pint warm water each, and to throw the blue powders well into the gut, following it immediately with the white ones. I was not present when this measure was resorted to, but am certain that times were quite lively in close quarters immediately after the two powders came in contact. I was much gratified, and even amused, to hear the description of the manner in which the medicine operated.

The patient said, "Golly, docta, I had de greatest feeling in my innerds you ebber heard on; dreffal smartin', grumblin', growlin', and sich, till I tho't I should bust; den de bowels moved so quick I couldent hardly git out uv bed 'fore ebery ting inside seemed to fall down like as if the bottom hed drapt out!" She said all the sickness and vomiting ceased at once. She remained somewhat tender in the region of the obstruction, but no other inconvenience followed.

I trust other physicians may give this novel remedy a trial. I have confidence in its administration. I am quite positive that the case was one of *invagination progressive*, this condition having been brought about by her laboring over the wash-tub, thus causing augmented peristaltic or spasmodic action of the intestines, forcing a portion of intestine above, to slide into a portion below. If this peristaltic action is reversed we may have a lesion termed retrograde, diametrically the opposite of the first form of intussusception. M. M. Brown, M. D.

Ithaca, N. Y.

Puerperal Convulsions—Hour Glass Contraction.

EDS. MED. & SURG. REPORTER:

At 5 A. M., Nov. 23d, Easter, a freedwoman, æt. 24, was reported to me as having had two convulsions in the hour just passed. Saw her at 5½. Just as I entered the cabin, she was taken again with a most violent convulsion, lasting five minutes. Ascertained that she had been spitting blood for two days. Examination revealed an extensive pneumonia of the right lung. Inquiry satisfied me that she was within two weeks of full time. Consciousness had been lost with the first convulsion. No dilatation of the os uteri. Inserted in the arm 12 drops tinc. veratrum, and one-third grain morphia. She remained quiet till 9, then had a slight convulsion. As she was becoming restless at 10, inserted again one-fourth gr. morphine. At 3, P. M., a slight convulsion. At 4, P. M., nurse succeeded in getting 20 grs. of calomel on the tongue. At 9, P. M., she was delivered of a living child, naturally, a medical friend supervising the case during my absence. From this time she could swallow, and was given at intervals of three hours small portions of muriate of ammonia, sanguinaria and tinct. veratrum, with occasional opiates and nutrition. Circulation never rose above 100 after birth of child.

Seventy-two hours after delivery came the first glimmering of consciousness and effort to talk, but not until 120 hours after was the brain relieved so that she could talk coherently. This morning she is well, and has been discharged. Nothing was given after the sixth day but a weak solution of chlorate of potash and muriate of ammonia, with abundant nourishment. This was her fourth child.

At 1 P. M., same day, was called to see a woman seven miles distant, who had been delivered at 4 A. M., but placenta was still retained. Found her at 4 P. M. almost collapsed from hemorrhage. Immediate examination revealed an hour-glass contraction, which was cautiously dilated by the hand. Expecting its extrusion, the hand was left in position a moment to grasp it; a severe pain came on which, however, did not move the mass. On its subsidence the hand was passed further up, and a close attachment to the fundus of the womb recognized, which was with infinite care and pains broken up, and the secundines delivered. The woman's sighing respiration, cold, clammy skin, restlessness, and barely discoverable pulse, warned me to be quick. In less than two minutes inserted one-half grain morphine in the arm, and gave immediately after a dose of ergot and ammoniated valerian. In twenty minutes she was sleeping soundly; the circulation was becoming perceptible, and from this she went on to rapid convalescence. In three cases of hour-glass contraction, in the last few months, I have found placental attachment to the fundus in two of them. Is this attachment sufficiently often the case to be considered as a prime cause of hour-glass uterine contraction? I ask obstetricians of large experience.

Very truly yours,

EDWARD H. SHOLL, M. D.

Gainesville, Ala., Dec. 5, 1870.

A Convenient Night Urinal.

EDS. MED. & SURG. REPORTER:

Last year I had occasion to test a variety of night urinals in a case of atony of the bladder in the male, and found them deficient in conducting off the urine, and in keeping the bed dry and free from the disagreeable odor in such cases. "Necessity is the mother of invention," and I procured a sheath or gold-beater "condom," cut the end off and made it fast to a rubber-tube about ⅜ of an inch in diameter and some three feet long; passed the condom over the penis, and the rubber-tape beneath the scrotum, to retain it in place; made a slit in the matrass a little below the middle of it, through which the tube was passed into the night vessel beneath the bed, where the urine found its way as fast as it was secreted, without very much inconvenience to the patient. He could turn upon either side and in a short time became accustomed to its use, and was made so comfortable by it that he often referred to it in the highest terms of commendation.

It costs about sixty cents, and is in every respect superior to the $3 and $8 urinals designed for such cases. Of course, an ingenious manufacturer would improve upon this, by having the sheath pass over the scrotum, and all one continuous tube.

I enclose one to you, which you will find a cheap and excellent devise, and which will answer very well for a night urinal.

A. F. CARR, M. D.

Goffstown, N. H., Nov. 7, 1870.

[We have received the arrangement, and it is convenient and serviceable, as well as cheap and handy.—EDS. REP.]

MARRIED.

BENSON—WRAY.—In this city, December 1st, by the Rev. Dr. Z. M. Humphrey, assisted by the Rev. Dr Alexander Reed, Dr. Edwin N. Benson and Ida V., daughter of the late Alexander Wray, of Philadelphia.

BESS—HENRY.—In this city, December 20th, by the Rev. Father Martin, of St. Mary's Church, Dr. Paul Emilio Bess, of St. Yago De Cuba, and Elia Frances, daughter of Dr. W. P. Henry, of this city.

PALMER—COLLINS.—In Hartford, Conn., Dec. 13, by the Rev. J. H. Twichell, Dr. Wm. H. Palmer, of Cleveland, Ohio, and Frances Collins, daughter of the late Wm. L. Collins.

DIED.

KEIR.—In this city, December 19, Nellie Regena, daughter of Dr. Wm. G. and Nellie Kier, aged 3 years.

NASSAU.—September 10, Mrs. Mary C. Nassau, wife of Rev. R. H. Nassau, M. D., of the Corisco Mission, West Africa.